PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10765299

CLAIMS AS FILED - PART I									SMALL ENTITY TYPE		OTHER THAN	
TOTAL CLAIMS			23		•			RATE	FEE	1	RATE	FEE
F	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
Τ	OTAL CHARGE	ABLE CLAIMS	23 minus 20=		• 3			XS 9=	24	OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 =		0		X43=	7	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					<del></del>			+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	419	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							)	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA	3/19/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	· 22	Minus	- 2	3	= /	]	X\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	+++	<u> </u>	-/	4 [	X43=	_	OR	X86=	
L	FIRST PRESE	NIATION OF MIC	JETIPLE DEF	PENDENI	CLAIM		<b>」</b> [	+145=	•	OR	+290=	
						•	i.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT -EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	• ***		-	]	X\$ 9=	٠,	OR	X\$18=	
AME	Ind pendent	* NTATION OF MU	Minus	ENDENT	CLAIM	<u> -</u>	flack flack	X43= .	·	OR	X86=	
	11107777202		Term te ber	Z. U.Z. IVI	<u> </u>	· <u>L.</u>	<b>'</b> [	+145=		OR	+290=	
							. A	TOTAL DDIT. FEE.		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**		=	JΓ	X\$ 9=	-	OR	X\$18=	
ME	Ind pendent	*	Minus	***	, ,	=	]	X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				
• •	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.									OR .	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is I see than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE	
		ber Previously Paid						d in the app	ropriate box	in coh	umn 1.	1

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